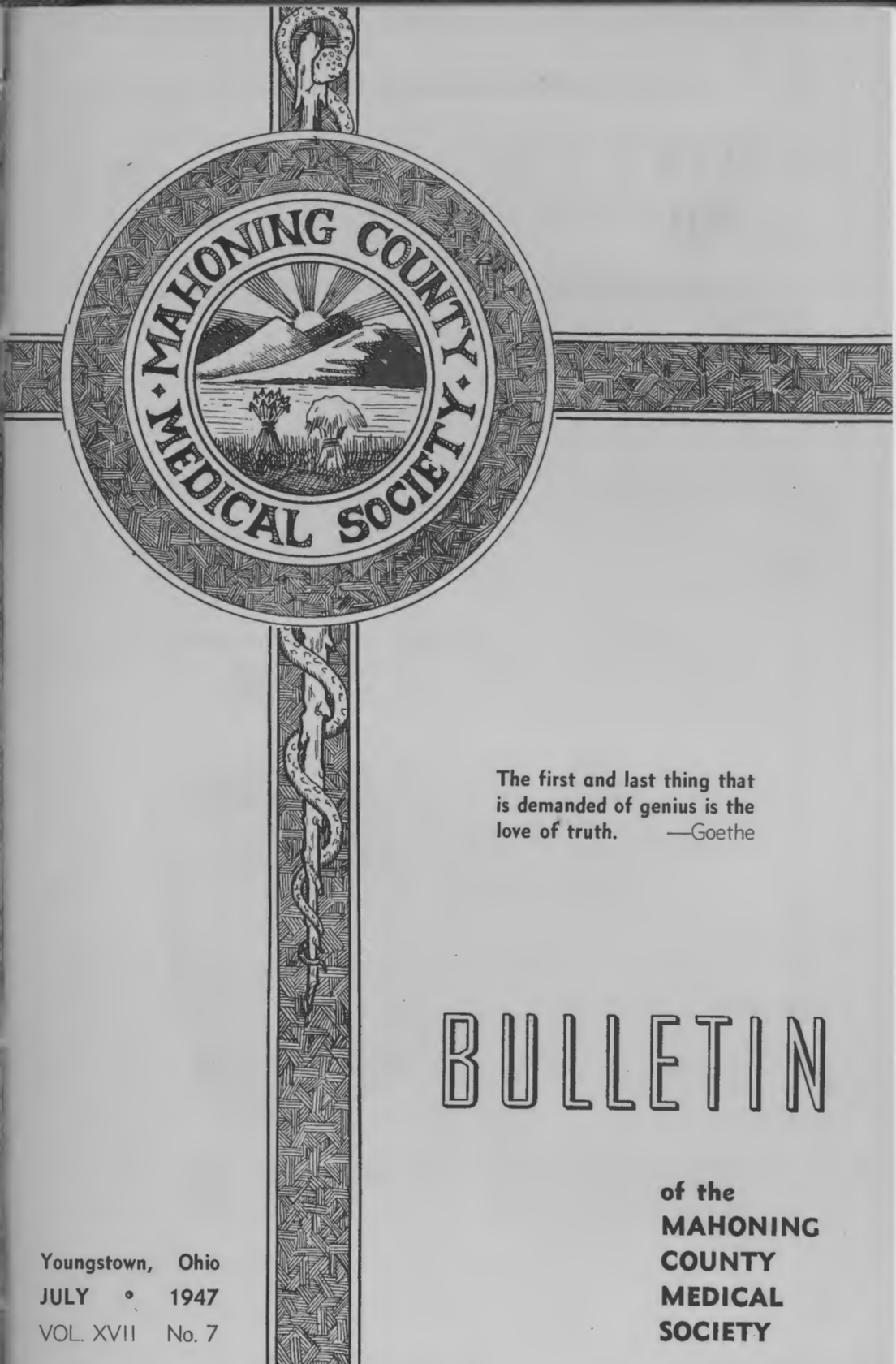

The first and last thing that is demanded of genius is the love of truth. —Goethe

BULLETIN

of the MAHONING COUNTY MEDICAL SOCIETY

Youngstown, Ohio
JULY • 1947
VOL. XVII No. 7

THE MAHONING COUNTY MEDICAL SOCIETY

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CONTENTS

July, 1947

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MEDICAL CALENDAR

1st Tuesday 8:30 p. m.	Monthly Staff meeting, Youngstown Hospital Auditorium—Nurses' Home
1st Tuesday 8:30 p. m.	Monthly Staff meeting, St. Elizabeth's Hospital, Faculty Room—Lourdes Hall, St. Elizabeth's School of Nursing.
Sunday following 1st Tuesday 11:00 a. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Library.
2nd Monday 9:00 p. m.	Council Meeting—Mahoning County Medical Society—Office of the Secretary
2nd Tuesday 11:30 a. m.	Monthly Medical Conference, Youngstown Hospital. Auditorium—Nurses' Home
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Youngstown Country Club*
4th Tuesday 8:30 p. m.	Monthly Staff Meeting Tuberculosis Sanitarium, Kirk Road Monthly Staff Meeting—Youngstown Receiving Hospital Auditorium—Indianola Ave.
Every Tuesday 8:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium.
Every Thursday 11:30 a. m.	Weekly Surgical Conference Youngstown Hospital—Stewart House
Every Thursday 12:30 p. m.	Orthopedic Section Library—S. Side Unit, Youngstown Hospital
Every Friday 11:00 a. m.	Urological Section Library—S. Side Unit, Youngstown Hospital Clinic—St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinic—Pathology Conference Auditorium Nurses' Home South Side Unit Youngstown Hospital
Alt. Saturdays 11:00 a. m.	Obstetrical Section North Side Unit of Youngstown Hospital

*No meeting during July and August.

COMING MEETINGS

American Congress on Obstetrics and Gynecology, St. Louis, Sept. 8-12.
American Public Health Association, Atlantic City, October 6-10.
Mississippi Valley Medical Society, Burlington, Iowa, October 1-3.
Sixth Councilor District Post Graduate Assembly, Canton, Ohio, Nov. 5.
Twelfth Assembly, United States Chapter, International College of Surgeons, Chicago, Sept. 29-Oct. 2.

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JUNE MEETING

The Mahoning County Medical Society held its June meeting at the Butler Art Gallery on the evening of June 17th. We were special guests of the Butler Art Association where there was an exhibit of ninety paintings illustrating the part medicine played in World War II. This art exhibit was of very high quality and was also extremely interesting from a medical standpoint. The Society certainly appreciates the opportunity of seeing this most interesting collection of art.

The meeting was scheduled for 8:30 p. m. but was a little late in getting started due to the fact that our speaker was somewhat delayed by the inclement weather driving down from Cleveland.

Dr. N. L. Hoerr, Professor of Anatomy, Western Reserve University, chose as his subject "The Sympathetic Nervous System in Health and Disease." His subject was well received and made most of us realize how much we had forgotten about this very important section of the human anatomy and at the same time realize how very important the autonomic nervous system is in the problems we find in daily practice. Dr. Hoerr commented on the vagotomy for relief of stomach and duodenal ulcer. At the Crile Hospital they have performed sixty cases and have gotten excellent results in fifty five of them. The patient has an immediate relief from pain. Another new operation is the removal of the stellate ganglion for the relief of pain in angina pectoris.

Following the regular scientific session was a business meeting. It was voted to hold the sessions next year at the Youngstown Country Club.

CYNICAL SAM

A pessimist may be only a fellow who knows what is going on but doesn't have sense enough to keep still about it.

* * *

A little man may seem to be big for a long time if someone doesn't praise him too highly.

* * *

No doubt Job had lots of trouble, but he didn't have to put up with an ignoramus who had just become rich.

OBSERVATIONS OF THE HOUSE OF DELEGATES A. M. A. HELD AT ATLANTIC CITY, SESSION; JUNE 9, 1947

Monday 9:00 a.m. roll call, 173 delegates registered out of 175. First order of business: Dr. Christian of Boston awarded the Distinguished Service Medal.

The Speaker's address gave a history of the office first being filled by the President, then of later years by an elected speaker who carries on the duties, administering the affairs of the House, appointing committees and referring resolutions to proper committees. Then Reference Committees were appointed, numbering some 14. The Ohio Delegation received appointments to the following Committees: Legislation and Public Relations, Skipp; Rules and Order of Business, Woodhouse; Executive Session. McNamee; a special committee appointed by the trustees on Veterans' Affairs, such as fees and home town treatment, McNamee.

President Shoulders reviewed the history of medicine with cost in America in 100 years, showing an increased cost plus decrease in death rate, asking that Medical Schools pay attention to education of General Practitioners, that 85% of diseases can be diagnosed and treated by General Practitioners. Young men should be encouraged to do general practice and that they should not all be specialists. The general practitioner is the foundation of medicine. He is honored, respected in the community. He should be permitted to do general practice and then if he wishes after a good preceptorship he should be permitted to specialize. Hospitals, clinics, etc. should adjust training to cover this phase of practice.

President Elect Bloze urged more attention be paid in Medical Schools to 3rd and 4th students on their responsibility toward economics of patients, their relations to A. M. A. and the practice of medicine. That they be indoctrinated with the knowledge that it is not specialization that is necessary but General Practice. Out of 150,000 physicians only 20,000 are specialists.

Also that physicians to represent the profession should be educated in what to say. Many speakers do us more harm than good in that they do not know wherein they speak. He advised that the Women's Auxiliary should be used as agents of good will and for educating the public in what the profession has done, is doing, and plans for the future. They can improve our public relations manyfold but before they embark on any task they should obtain advice and help of the County Society. The Headquarters is now located in the offices of the A. M. A. which will bring closer co-operation of the Auxiliary and the A. M. A.

That the nursing service of our country has fallen because of many factors, one too much education, too small pay, too long hours, with less respect by all for their profession, with no social security in the least. Nursing has dropped to 60% quantity and 75% quality of former years.

He recommended a new home for the A. M. A., the Temple of

Medicine. More space is needed. Much of the printing now has to be farmed out.

We heard from General Bliss and Surgeon General of the Navy, both calling attention to shortage of physicians in both branches of the service. Both are giving recognized internship with Residencies that qualify for certification. Bills are before Congress to increase rank and pay of medical officers in service. It was stressed that an officer must be a general practitioner in addition to a specialist.

The Board of Trustees reported that the Rich Associates had resigned and that public relations were now in the hands of the Board.

The Committee studying changes in Medical Ethics could not make much change from what was written in England in 1803 and America in 1848. The Americans copied from the English.

The Grass Roots Conference reported in regard to the General Practitioner at the home level, that each hospital should not specify that in order for a physician to be appointed to any position on the Staff, hold any certification of any Society or Board other than he is a good practitioner, graduate of a qualified and recognized school of medicine and registered in his State and shall be recognized by the profession and community where he practiced as a good practitioner of medicine.

Local Health Councils were formed in order to get doctors and hospitals for rural areas where Councils working with the County Society and Farm Medical County Co-operatives all working with this group.

Council on Medical Care reported good progress in regard to establishment of pre-payment health insurance showing the increase in persons insured running into the millions, also Admiral Boon reported on survey made in Coal Industry reporting excellent co-operation both with unions, operators and medical profession. Found very poor and excellent practice in all parts of the coal fields, showed need for hospitals, more physicians, better sanitation and public health measures; that the unions would insist on better care of the miner using the health fund they are setting up for this purpose.

Cancer programs were explained showing that good progress made, in that all programs set up were under the direction and operation of local County Medical Societies. No program could be set up unless the County Society so approved.

Red Cross Blood Bank Service was being set up after receiving approval of A. M. A. but no local service could be operated without approval of County Medical Society and need for same was shown.

Resolutions introduced; Texas, that all small plastic toys have incorporated material that would show in X-ray to aid in finding same if in lung, etc., approved by Committee but could not be enforced. Missouri—Medical Schools should be stopped opening clinics for pay because lack of funds referred to Council on Medical Education and Hospitals for further study. West Virginia—condemning hospitals for collecting medical fees such as X-ray, pathology, anesthesia, etc.

Should be collected by M.D. All practices of this nature disapproved by Hospital Staff was rewritten and then approved condemning such practices.

Chest Surgeons asked that section be created in assembly which was rejected.

Section Opthomology condemning rebates of fees on glasses, asking that members found guilty be removed from membership, approved with exception that no drastic action should be taken but that each member should be informed of this unethical practice.

Two Resolutions—New Jersey and New York, asking that medical students be taught responsibilities of profession and economics, referred to Council on Medical Education.

New Jersey health centers should be under control of local Medical Societies with full co-operation of all health agencies, return all patients to family doctor; after being re-written, including all above with new that no organization shall make a profit from operation of the Clinic. All patients shall be approved by physician and shall be in low income group. All that cannot pay for medical care.

All pilots shall be examined by physicians trained in this branch of the profession.

New Jersey introduced resolution which disapproved Taft Fulbright S. B. 140. This bill would combine in one department Health, Social Security and Education. The A. M. A. since 1868 has requested that all matters pertaining to health be put in one department and have cabinet rank. This Bill puts health in with two other groups, particularly social welfare, so that health would not be considered.

The Bill s. b. 140 was approved in principle but stressed that health should have a place of its own.

Several resolutions dealing with general practice and approval of hospitals that general practice must be recognized in hospital before approval is given or re-approved.

Hospitals directing all X-ray be sent in or lose hospital staff appointments was approved by committee but referred to Council on Medical Education and Hospitals for further study.

Resolution asking Narcotic Renewal stamp not be notarized approved.

Regular inspections of all hospitals to see they are kept up to date grouped with other hospital resolutions.

West Virginia—Colorado Resolution asks that Specialty Boards give credit for years of general practice when applying for Board credit; rewritten with several others referred to Council Medical Education and Hospitals for study requesting boards to give consideration.

Resolution section opthomology, blindness propoganda be permitted; disapproved.

California Resolution requesting Board Trustees set up Public Relations division to carry on this important work and increase or

assess more dues rewritten saying trustees have this power and can make assessments if needed; approved.

Michigan Resolution to exempt Post Graduate expenses as Medical Conventions are now deducted from income tax; approved.

New York Resolution requested that Nursing Schools be required to educate nurses aids or practical nurses in order to get more and better nursing care. Resolution was rewritten to say that all hospitals with training schools should train practical nurses. This task should be done by smaller hospitals without training schools if possible. Asked co-operation of Nurses, hospitals, etc., and all concerned.

Resolution that the care of families of men in service should be turned over to the army disapproved because would be State Medicine. In New York 42% of private practice would be involved.

West Virginia Resolution requested all Specialty Boards to give credit for years of general practice and that preceptorships be considered and approved. This resolution and several others dealing with same or similar materials were grouped and referred to Boards for consideration.

Monday morning at executive session; telegram read from Senator Murray telling the medical profession what he thought of NPC and that is was dishonest. Called he and several Senators and Representatives, including the President, bordering on Communists, because it (the NPC) had attacked his new bill on Compulsory Health Insurance. The House answered his telegram.

Monday, June 9th - Luncheon was addressed by several foreign guests and by Sec'y. of Army and Assistant Sec'y. of Navy. Both laid stress on shortage of physicians in service, how they were attempting to increase pay rank and giving post graduate work in order to increase numbers.

Resolution to curtail tenure of office of Delegates was disapproved as the delegates represent State Associations and the House of Delegates has no control or cannot instruct the various State who shall represent them.

Committee on Medical Education and Hospitals felt with Dr. Shoulders that the reason for lack of general practitioners was traceable to the Specialization Boards and teachings in the Medical Schools. Serious thought should be given this problem by these two sources, also suggested that hospitals be instructed to give the general practitioner his proper place on staffs and that internes should be urged to go into general practice if possible.

President Elect suggested at the interim meeting of the House that this meeting be held in different parts of the Country and that with it a general practitioner meeting be held 2 days before or right after the session. This was approved by the Board of Trustees and Committee on Scientific Assemble.

Reported by the Hawaiian Medical Association Delegate that when they come to their senses the unions and others almost got Compul-

sory Health Insurance thru their legislature and if it had not been for the N.P.C. it would have passed. The N.P.C. sent in enough material and other aid to defeat the attempt. The Committee warned that we should all be on the alert for the same attempts being made in the U.S.

Throughout the entire meeting invited foreign guests were heard. These guests came from most of the countries of the world. China sent a scroll, Switzerland a gold medal. Many others presented 100 year gifts of their countries.

The Post Office Department presented an album of the 1st stamps made to President Shoulders, showing the painting of the physician at the bed side, painted at the request of Queen Elizabeth of England.

Final Session, Thursday afternoon, election of officers. R. L. Sensenich elected President Elect; McGoldrick, New York, Vice-President, Lull, Sec'y., Moore, Treasurer, Speaker, Fonts, Vice Speaker Borzell, Trustees—E. J. McCormick of Toledo, Ohio, other officers and committe elections will be found in the A. M. A.

This was one of the busiest sessions of the House in my experience as a delegate.

The position of the general practitioner was in the forefront, trying to find ways of getting more young men to enter this field. The Specialty Boards were under fire for making more specialists than general practitioners; not being willing to aid in getting more young men to enter the G.P. ranks. Note: One State Medical Board found that 7% of men taking examinations were going to be general practitioners.

The 1948 annual meeting will be held in Chicago.

The 1949 annual meeting will be held in Atlantic City.

The 1950 annual meeting will be held in San Francisco.

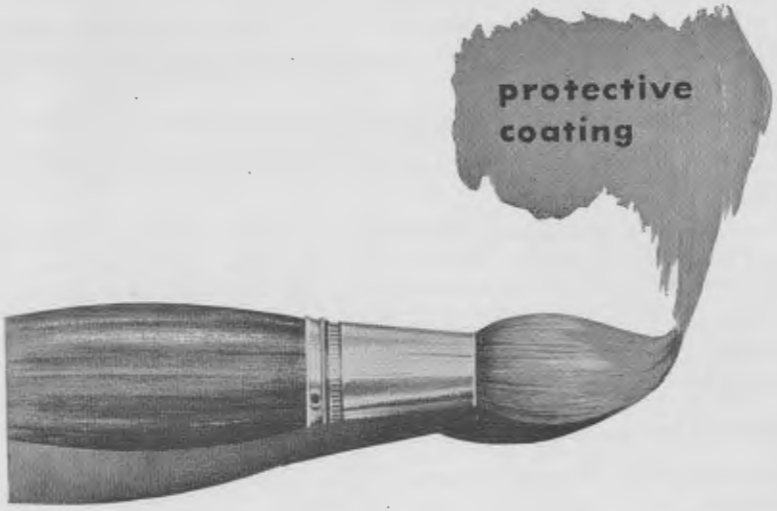
W. M. S.

NOTICE TO EX-SERVICE MEMBERS

The Bulletin is anxious to publish the Service Record of every doctor who took part in World War II. The response on the part of the doctors sending us the information for publication has in most instances been very prompt. There are, however, about a dozen doctors who have not sent us their records. This is a last appeal to those doctors for this information. You may not, at this time think that this is important or of interest to anyone, but let others be the judges of that.

We have been trying to complete a list of Youngstown Physicians who were in World War II, but no such list can be found. We will appreciate it if the following doctors will hand in their service records, please.

W. H. Atkinson
B. M. Bowman
Peter L. Boyle
John R. Buchanan
W. H. Evans
A. Marinelli
A. W. Miglets
L. H. Moyer
M. W. Neidus
A. K. Phillips
J. M. Russell
J. J. Sofranec, Jr.
L. W. Weller



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Pectin	4 1/2 grs.
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THE USE OF ANTICOAGULANTS IN POST-PARTUM THROMBOPHLEBITIS AND EMBOLI

M. J. Kocialek, M. D.

The brilliant studies of Best and his associates at the University of Toronto, and Link and his co-workers at the University of Wisconsin, have made available for clinical use two potent anticoagulant drugs---heparin and dicumarol, for the prophylaxis and treatment of thrombosis and embolism.

Heparin and dicumarol are accepted agents in the therapy of the pre-and post-operative surgical patients but the use of these drugs in puerperal thrombophlebitis or embolism has been limited. This is apparently due to a reluctance to administer these drugs to patients experiencing vaginal bleeding and the fear of post-partum hemorrhage. Pfeiffer and Sain specify that the bleeding of the puerperium represents a definite contraindication to the use of the anticoagulants, although they cite no studies to justify this statement. Davis and Porter have more recently reported the use of these drugs for the treatment of thrombophlebitis and embolism in the puerperium with the statement that they observed no instances of gross hemorrhage in their patients.

Nelson W. Baker of the Mayo Clinic, in his paper on the clinical use of anticoagulants, states that in post-partum thrombophlebitis or pulmonary embolism, anticoagulants should be used with caution although there is minimal risk of uterine bleeding if the uterus is normally involuted and if administration of the drugs is not begun until the first post-partum week has elapsed.

Sam Clason, M.D., of the Maternity Clinic, St. Erik's Hospital, Stockholm, Sweden, reports a number of cases of pulmonary embolism following delivery, among them three primiparas and one with eclampsia. Heparin alone was used with recovery and no abnormal vaginal bleeding ensued.

In the face of known incidence of post-partum thrombophlebitis and emboli, Doctors Allen C. Barnes and H. K. Ervin, of Columbus, Ohio, after checking and unable to find studies which recorded measurements of post-partum blood loss during heparin and dicumarol therapy, subjected thirty primiparas for study to determine the amount of vaginal blood loss. Eleven of these served as controls and the balance were treated with dicumarol and heparin. The blood loss studies began one hour post-partum and continued throughout the period of hospitalization. The dicumarol group received 300 milligrams during labor, 200 milligrams each for the first two days and subsequent dosage was adjusted by the prothrombin determinations. The average daily prothrombin time for these patients was 20.6.

With heparin, which is more rapid in action, the patients were maintained with prolonged clotting times for only 48 hour periods, starting the first post-partum day by the administration of 4 cc. of heparin intravenously every four hours. The clotting times were taken every two or three hours and maintained between 20 and 25 minutes.

Hematocrit readings were taken every other day on all patients. It was felt that these would provide a more accurate index than would hemoglobin determinations, of the effect on the patient of any excessive blood loss. There were no episodes of excessive blood loss

and the hematocrit remained comparable between controls and treated patients .There was no alternation in the degree of uterine involution at the time of the patient's discharge from the hospital nor were any toxic side-effects noted.

No patients with post-partum thrombophlebitis or emboli were treated in this group and the present note is not concerned with the therapeutic status of heparin and dicumarol in this condition. The study was undertaken to determine whether these drugs, if indicated, should be used in the face of vaginal bleeding. Although the present series is not large, the patients have been followed carefully and these men were unable to find evidence that the anticoagulants significantly increased puerperal blood loss, except in two instances in which hematomas followed episiotomy and one in which a partial breakdown occurred. It was discovered that there is no significant difference between the average blood loss of the treated group of patients and the controls.

The contraindications to the use of anticoagulants are as follows: (1) The presence of definite renal insufficiency, because renal insufficiency greatly prolongs and increases its effect; (2) The presence of definite hepatic insufficiency for the same reason; (3) Purpura of any type because of the danger of bleeding when capillary weakness and impaired coagulation are both present; (4) Sub-acute bacterial endocarditis because of the vascular weakness caused by the disease and therefore increased liability to hemorrhage; (5) Blood dyscrasia with tendency to bleeding and (6) Recent operation on the brain or spinal cord because of the grave consequence of even slight bleeding at the operative site.

Anticoagulants should be given cautiously to patients who have (1) Ulcerative lesions, open wounds or potentially bleeding surfaces, (2) Vomiting due to gastric or intestinal obstruction, (3) Continuous or repeated gastric or intestinal drainage or (4) Known dietary or nutritional deficiency. If patients are vomiting or have continuous or intermittent gastric or intestinal drainage by tube, it may be futile to give dicumarol because the drug is absorbed poorly if at all.

The following case report is submitted as an exemplary case in which heparin and dicumarol were used and in which femoral vein ligation was utilized in prosecuting treatment for pulmonary embolism occurring post-partum.

CASE REPORT

Mrs. P., age 17, white female, married, primipara. Admitted to the the hospital 12-12-46. Diagnosis: Pregnancy at term.

Patient had taken excellent care of herself during her pregnancy. Her course was uneventful except for about four days before hospital admittance when there was some swelling of both ankles with nonpitting edema and no pain. She was delivered at 7:30 p.m., on the day of admission. Delivery was an L.O.P. with manual rotation to an L.O.A., low forceps and episiotomy. She returned to her room in an apparently normal post-partum condition and reacted from the anesthesia without any complaints. At 10:30 p. m. she complained of extreme weakness, pains in right chest, short cough and shortness of breath. Lips and extremities became cyanosed. She was very restless and apprehensive. T.-102.4; P.-140; and intermittent; R.-150 and labored. A diagnosis of pulmonary embolism was made. She was

placed in an oxygen tent--morphine was given for sedation, 50,000 U. of penicillin every three hours I. M. 20 cc. of heparin was given I. V. at 12:30 a.m., and 10 cc. continued every four hours. She seemed to quiet down until 4 a.m., when she became very restless, apprehensive and unruly. She complained of pains in both sides of her chest. She had a constant, short, non-productive cough; was gasping for breath, became more cyanotic and the skin was hot and dry. T.-103.8; P.-150, irregular; R-50.

12-13-46:-A portable X-Ray of her chest showed a large amount of ball-like infiltrations, scattered throughout both lungs, with one large infarction in upper lobe of the left lung. 200 mg. of dicumarol was started with the heparin. There was no change in the vaginal bleeding. The prothrombin time was 51% of normal. Patient was typed and blood held ready for possible transfusion if she should hemorrhage.

12-14-46:-The cough is still persistent. Complains of pains in chest. Some cyanosis of lips and extremities still present but the patient said she felt better. Prothrombin time 46.5% of normal. T.-100; P.-104; R.-60. She complained of pain in the right thigh, particularly upon palpation over the femoral vein and pain in the calf of the right leg, when foot was dorsiflexed--(positive Homan's sign). There was pain on palpation over the right lower abdominal quadrant. Vaginal bleeding was normal. Consultation was held and decision made to ligate the right femoral vein. The anticoagulants were discontinued at 6 p.m., the same day, due to the uncertainty of bleeding.

12-15-46:-The C.B.C. showed 4,000,000 r.b.c.; 10,400 w.b.c.; Hg.-77%; Poly's-81; L.-17. Prothrombin time was 40% of normal. Because of the patients serious condition the ligation of the vein was performed in her bedroom, using 2% novocaine for anaesthesia. A small longitudinal incision was made through the skin and the femoral vein was exposed and incised. There was free flow of blood from the distal portion of the vein and only a few drops from the proximal portion of the vein. A canula was inserted into the proximal portion of the femoral vein and gradually pushed upwards into the iliac vein, with suction attachment in place. After several attempts the clot was released, sucked out and a free flow of blood established. The balance of the vein was then cut and ligated with chromic 2 catgut. There was more than usual bleeding from the arterioles and small veins of the incision. ooo;a a

12-16-46:-Patient states she feels better. T.-102.4; P.-120; R.-30; prothrombin time 46% normal. Cough less persistent; very little pain in the chest; fingernails slightly cyanosed.

12-17-46:-Patient complains of severe pains in the right lower abdominal quadrant. On palpation, a round mass was found extending from the iliac fossa upwards and into the right flank. Complained of pain over the right kidney. T.-98.6; P.-90; R.-24; prothrombin time 46% of normal.

R.B.C.-4,400,000; W.B.C.-14,550; Hg.-75% Poly's-72; L.-21.
Hematology

URINALYSIS:-
Reaction-7.5; specific gravity 1.012; Albumin 1 plus; sugar negative; microscopic; few epithelial cells; loaded with w.b.c. and a few

clumps; occasional r.b.c. Culture of urine showed organisms resembling B. Coli.

100 mg. of dicumarol was resumed and given daily until 12-23-46 when the prothrombin time was 15.5% of normal. The dicumarol was then cut to 50 mg. daily, until 12-30-46 when the prothrombin time was 40% of normal and dicumarol discontinued.

During this time there was no abnormal vaginal bleeding. The mass in the abdomen disappeared two days after onset. The patient was out of the oxygen tent on the 8th. post-partum day and up in a chair on the 12th. post-partum day. She was discharged 1-1-47, in excellent condition except for slight swelling of the right thigh.

Two months following delivery, patient was in excellent condition and had no complaints.

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NEUROSES AND US

O. M. Lawton, M. D.

The phrase "Art and Science" is frequently heard when speaking of the field of medicine. Some portions, such as pathology, approach the "Scientific" way of gaining and using knowledge. At the other extreme, psychiatry is probably the best example of the "art" of medicine. New contributions gradually enable us to come closer to the "facts," but there are many intangibles and unknowns, and clinical judgment must often substitute for objective tests and evidence.

In Psychiatry, as in all medicine, the main purposes are to aid sick persons to regain their health; to prevent recurrence of their illness and to prevent the development of such illnesses in others. Naturally the methods that produce these results in the shortest period of time and with the least discomfort to the patient are the logical ones to use. The ability and experience of the physician makes a difference, regardless of his psychiatric concepts. However, the therapeutic approach which he uses is a large factor in facilitating speedy recovery and many methods have been unnecessarily devious and prolonged, or else have failed in their purpose.

If we are to assume that all individuals who do not show adequate morbid pathology to explain their symptoms are "neurotic", and that all "neurotic" individuals fall into the same category, we will be going contrary to the present trends in Medical Science. We had a syndrome labeled "epilepsy" which at one time was considered an entity. We know now that there are many things which will produce "fits" and we search for specific etiologies. We had another syndrome called 'asthma", but we no longer use this term except with qualifying adjectives. Throughout the field of medicine, great strides have been taken in splitting up into their proper sub-categories various conditions which have similar symptoms. Unless we also approach the problem of neuroses with this in view, we might almost as well revert back to the time of Burton, when apparently almost all conditions from paresis to mental deficiency were labeled "melancholia".

The majority of "neurotic" individuals who come for treatment are not trying to avoid their responsibilities; they are not "malingering", and they do not ask for protection and coddling. The mere fact that they come voluntarily seeking aid, and continue to come as long as there seems to be a slight hope of recovery, should indicate something of their sincerity.

This paper deals with some of the persons who seek medical aid because of symptoms which the physician recognizes, as he proceeds with his examination, are not explained, by the routine tests and measures which he applies.

Physicians have always puzzled over these patients whose symptoms cannot be classified according to the usual diagnostic criteria, many of which appear bizarre and incredible. During the past decades

the diagnosis of a "neurosis" or "psychoneurosis" has become a depository for many such conditions not readily identifiable in ordinary medical concepts.

Undoubtedly a portion of the cases that have been so labeled are really obscure conditions in which the organic defect has not been discovered. The mere lack of positive physical findings to explain the symptoms is not sufficient basis for the diagnosis of a neurosis. To be explicit, a neurosis is a syndrome characterized by certain symptoms, which identify it as surely as those accompanying peptic ulcer or angina pectoris. If this syndrome is not present, the patient must be rechecked with the hope of finding the pathology which causes the symptoms.

It may be thought odd that such reactions are found in one individual when the other members of the family appear to have adequate security and good adjustment. It is hard to realize how a few ill-chosen words may alter a young person's concept of himself; that he may, as a result, become so insecure as to suffer later from gross feelings of difference, and perhaps eventually develop a full-blown neurosis.

The physician may be further misled about these patients because the efficiency of a person under emotional stress is often so greatly impaired that he impresses one as being weak and vacillating. The individual uses up so much energy trying to cope with his difficulties that little is left over for other activities and accomplishments.

To the patient the symptoms are very real but the causes back of the symptoms are intangible and mysterious. To the physician the symptoms have often seemed as intangible as their causes. Consequently, unable to explain them on a structural basis, he has made the error of calling them "imaginary" or "mental". The patient, however, is rightly convinced of their reality, and quite naturally arrives at the conclusion that either the doctor is wrong or that he himself is "mentally unbalanced". Sometimes this lack of understanding has added to the patient's distress. Persons suffering from these symptoms are sincere in their desire to be helped, and feel rejected and even degraded when physicians are unable to help them.

Knowing that the physical symptoms of these reactions are simply variations in the normal workings of the body, we are able to remove certain intangibles for the patient by giving him an objective picture of these functional changes. A mere understanding of this often gives great comfort to him. We must, however, also make clear the underlying reasons why he suffers from these symptoms. The patient must gain sufficient understanding of his "emotions" and the resultant physiologic changes so he can recognize them as logical, known phenomena, and not as intangibles. It is often necessary that the patient also understands how certain combinations of events have produced a degree of insecurity; that this has contributed to development of a feeling of difference, and led to the belief that he must

discipline himself out of these fancied differences.

The specific temporary problem which bothers the patient is not anything new or unique. We have met with many of them ourselves, and handled them with varying degrees of success. Other persons have encountered them, and perhaps taken them in a stride. To one man the loss of his job is a major catastrophe. To another it becomes a challenge to find something better. To one girl being "jilted" becomes a cause for lifetime distress. Another one learns by this what not to do, so that she has better success next time. The main determining factor is the individual's security regarding the immediate situation and life as a whole.

The concept of "security" is used a great deal in psychiatry and like many similar terms, is rather difficult to define. It refers to such things as the individual's confidence in being able to handle situations; his feeling that "all is right with himself and the world"; his ability to act directly with a minimum of vacillation, etc. As a crude example, most of us are "secure" regarding our ability to walk. At one time we were "insecure" regarding this, but through years of experience in walking, we have reached the point where we seldom think about it. If we desire to move from one part of the room to another, we automatically walk across, and it would be a great surprise if we suddenly found ourselves unable to do so. On the other hand, a person who has been ill may develop considerable "insecurity" concerning his ability to walk across a room; he wonders whether he can do it and attempts it with some fear and trepidation. Most of us are "secure" regarding our speech, which is a very complicated process. Most persons give no thought as to whether or not they will be able to say certain words when the occasion arises. However, we also have individuals who "stutter" and who are very "insecure" in this function. These latter persons have doubts as to whether they can say certain words properly. They look forward with considerable apprehension toward occasions in which they will be required to speak. These feelings of "security" and "insecurity" pervade all of our reactions with the world. An entirely "secure" person would feel capable of meeting, without tension or stress, any conceivable situation. Such an individual would be, in my opinion, "abnormal."

Since security and insecurity play such important roles in determining an individual's adjustment, it is essential to explain what factors may lead to security and good adjustment; how lack of it leads to tension and to search for the causes of the difference, and how the resulting emotional reaction produces the unpleasant physiologic symptoms which drive the individual to seek medical advice.

At the onset, therefore we have an insecure person who is trying to solve this problem. Incidental to his search for the solution, he may examine his mind and body in search of causative factors. The result may be preoccupation with bodily reactions and mental content. The patient may not recognize his bodily symptoms and thoughts as average or normal, although they are really no different, except in degree, from the transitory symptoms and thoughts of others.

Our goal is to so broaden the individual's philosophy that he may

accept as normal his individual experiences; to so increase his knowledge of normal thought content that his fears will no longer be first in prominence; to understand his body so that he views with interest instead of with apprehension physical symptoms of hypothalamic origin, and to enable him to live at peace with himself and with a renewed interest in the world about him.

In conclusion, it is well to again mention that cases of this type require great caution in handling, because if they are allowed to develop insight without a new philosophy and new activities ready to replace this former preoccupation with illness, they are very apt to develop a severe depression. In treating such persons our greatest single aim is to so broaden their philosophy that they may develop an interest within the scope of their abilities.

LET US review the mechanisms of the autonomic nervous system and accept and appreciate those physiological changes that take place due to emotion. LET US give our neurotic patient knowledge and understanding of his discomfort so that he may live a useful and adjusted life. LET US NOT pat our neurotic patient on the back and say, you are "fit as a fiddle;" I'll give you something to "pep" you up, and in turn prescribe a sedative in the attempt to mask his symptoms. LET US clean our own house and face reality.

ANNUAL GOLF MEET

Thursday, August 21, 1947

YOUNGSTOWN COUNTRY CLUB

GOLF PRIZES EATS

REMEMBER

6th Councilor District Postgraduate Day

NOVEMBER 5, 1947

CANTON, OHIO

UNIVERSITY OF CHICAGO GROUP

GENERAL OBSERVATIONS FROM CINCINNATI REGIONAL OFFICE OF VETERANS ADMINISTRATION

1. Some physicians fail to state number of treatments or type of treatments desired. Our budget is set up on a monthly basis and if a physician requests 30 office visits, we have no way of determining whether he desires 30 visits during the current month, 3 office visits over a period of ten months, six office visits over a period of five months, etc. We must know on a monthly basis the number of treatments desired. A new request must be submitted each month.

2. Physicians, at times, also fail to state what type of authorities they desire. In some instances, the physician renders a complete physical examination, but we are unable to determine this from the information submitted; therefore, we may issue an authority for an office call instead of a physical examination. It is also impossible for us to know if the veteran is to receive injections, superficial x-ray therapy, physiotherapy, etc. unless so informed.

3. It would also be of great value in determining eligibility if the

physician would submit a report of the first examination with his request, giving the history covering the facts, which would enable us to determine service connection. This report should include dates of treatments rendered in service and why the veteran thinks the condition is service-connected. If we would receive such a report, the authorization could be expedited and the physician would be authorized the fee for a general medical examination.

4. Not too often, physicians will send in requests without giving the veteran's name or address. Many times, the physician fails to sign the request and we have no way of knowing where the authorization should be sent.

5. We cannot authorize treatment recommended on a report of a Pension examination. If the physician renders an examination for Pension purposes and feels that the veteran requires Out-Patient treatment, he must submit a 2690 (Request for Authority for Treatment) requesting same.

Submitted by Dr. G. G. Nelson, Chairman
State Committee on Medical Care of Veterans

GOOD MORNING, DOCTOR!

One of the aftermaths of the war which may be expected is the establishment of so-called medical laboratories through-out this country by individuals trained in laboratory work in military service. In need of earning a livelihood a number of those trained in the Army and Navy will establish laboratories and solicit physicians for necessary laboratory tests. Such laboratories operated by technicians have functioned throughout the country for many years, and there will be a decided increase in the number in this postwar period. Laboratories operated by certified technicians can perform satisfactorily many of the laboratory examinations. Some of these laboratories have even gone so far as to include electrocardiograms in the list of examinations made.

Unless electrocardiograms are interpreted by one who has been specially trained, they are of no value. We as physicians know this to be true and we seriously question the value of electrocardiograms made under such circumstances. The interpretation of the electrocardiogram will still have to be made by one specially trained in this work. Otherwise the interpretation will have about the same value as fluoroscopic and X-ray examinations have when made by practitioners who have them in their offices for financial gain only.

The qualifications of all of the individuals operating these laboratories should be investigated before physicians send patients to them. At the present time every hospital is equipped to perform all the necessary laboratory tests and examinations required by physicians. These laboratories are advised by certified pathologists who are physicians specially trained in this work. In every large city, including Pittsburgh, there are private laboratories operated by qualified doctors of medicine with the necessary training to interpret laboratory findings and give the referring physician the service of a true consultant. It would be well for physicians to remember this in referring patients for laboratory tests and to support only the hospital laboratories and those others operated by their qualified colleagues.

N. C. O.

SERVICE RECORD

CAPT. ROBERT L. PIERCY

Dr. Piercy was inducted January 28th, 1944, with the rank of 1st Lieut. He was then sent to Carlisle Barracks, Pa., Officers Training Battalion. During March, April and May, he was with the Med. Dept. Replacement at William Beaumont Gen. Hospital, El Paso, Texas. From June '44 to Feb. '45, he was Assist. Chief EENT at Camp Callan, San Diego, Calif. From March '45 to Jan. '46, he was Assist. Chief EENT at Madigan Genl. Hospital at Ft. Lewis, Washington. In August, 1945, he was promoted to Captain, M. C. He was separated from service February 27th, 1946 at Camp Atterbury, Ind., and resumed his practice February 28th, 1946, at 613 Home Savings and Loan Bldg. His specialty is E. N. T., including Endoscopy.

MAJOR ROBERT E. ODOM

Dr. Odom was commissioned a Major on Sept. 23, 1942. His first assignment was to the Station Hospital, Kearns, Utah, as Chief of Section EENT until December, 1943. He was then sent to the school of Aviation Medicine at Randolph Field, Texas. He was next appointed C. O. of the 821st Medical Air Evacuation Squadron at Louisville, Ky., and the China, Burma, India Theater from January, 1944 to January, 1945. He was on the staff of the 10th Air Force C. B. I. from January, 1945, to April, 1945. He was at the Regional Hospital in Miami Beach, Florida, until December, 1945. His decorations include the C. B. I. Ribbon with three campaign stars, the Air Medal with one Oak Leaf Cluster, and the Distinguished Flying Cross. He was separated from service December 19, 1945, at Miami Beach, Fla. He resumed his practice on January 1, 1946, at 510 Dollar Bank Bldg. His specialty is E. E. N. T.

LIEUT. WILLIAM E. SOVIK

Dr. Sovik was inducted March 9, 1944 with the rank of Lieutenant (j. g.) in the USNR. He was at Great Lakes, Illinois, for ten days. He was then with the USS LST 266 and 292 Amphibious, 11th Fleet until December, 1944. He then went to the US Naval Hospital at Memphis, Tennessee, from December to October 1945. From October 1945 to January 22, 1946, he was with the US Marines at Sioux Falls, South Dakota. In October, 1945, he was promoted to a full grade Lieutenant. His decorations include the American Theater Ribbon, European Theater Ribbon with one bronze star and the Victory Medal. He was separated from service January 22, 1946 at Great Lakes, Ill. He resumed his practice on January 24, 1946. He will leave to study Ophthalmology.

MAJOR CLARENCE WM. SEARS

Dr. Sears was inducted August 7, 1942 with the rank of Captain. He was stationed at William Beaumont Hospital, El Paso, Texas. On May 3, 1943 he was promoted to Major. He served overseas in England. He was separated from service January 15, 1945 at Crile General Hospital. He resumed his practice of Obstetrics and Gynecology on May 1, 1945.

NEWS

Dr. and Mrs. Virgil C. Hart have returned from a week's stay in Atlantic City, where Dr. Hart attended the American Medical Association meetings, and his wife was State Delegate to the A.M.A. Auxiliary Conference.

Dr. Wm. M. Skipp attended the centennial sessions of the American Medical Asscoiation as the representative of the Ohio State Medical Association.

Dr. and Mrs. S. R. Zoss were recent guests at the Dennis Hotel, Atlantic City while Dr. Zoss attended the American College of Allergists and the American Medical Convention.

Dr. and Mrs. Paul J. Fuzy, Dr. and Mrs. W. H. Bunn, Dr. and Mrs. John Renner, Dr. and Mrs. Joseph P. Keogh and Dr. and Mrs. J. N. McCann spent a week in Atlantic City during the American Medical Association Convention.

Dr. and Mrs. Edwin R. Brody have returned from New York City, where Dr. Brody completed an 8 month Postgraduate course at the New York Skin and Cancer Hospital.

Dr. and Mrs. Paul J. Harvey attended the graduation exercises of their son, John C. Harvey at Johns Hopkins University, then attended the A.M.A. meeting in Atlantic City.

Dr. and Mrs. E. J. Wenaas entertained in honor of Dr. and Mrs. Charles Stertzbach, new arrivals here from Cleveland. Dr. Stertzbach is office associate of Dr. Wenaas.

Dr. James K. Herald has resumed his practice after completion of an extended course in Proctology at the Poly Clinic Hospital in New York City.

Dr. and Mrs. H. E. McClenahan left June 1, for an extensive tour through the Black Hills, Yellowstone Park and on to the Pacific Coast.

YOUNGSTOWN HOSPITAL

The monthly medical section meeting was held at the South Side Nurses Home Auditorium on Tuesday May 13. The problem for discussion was "Pulmonary Manifestations of Systemic Diseases." Speakers were Drs. Baker, Giffen and Carlson.

ST. ELIZABETH'S STAFF MEETING

The regular monthly meeting of St. Elizabeth's Hospital Staff was held at the Nursing School on June 6, 1947. This meeting initiated a new policy wherein meetings will now be held on the first Tuesday of the month. Meetings will also continue through the summer months.

After the business session Dr. R. V. Clifford presented a paper on "Fluid Therapy in Extensive Burns." Dr. Clifford limited his remarks to the management of the severely burned case with reference to initial and subsequent treatment with plasma, blood and electrolytic fluids. He emphasized the importance of maintaining proper fluid balance and discussed laboratory aids in providing information relative progress of therapy. The paper provoked considerable discussion.

Youngstown Hospital Accredited For Resident Training

The American Board of Internal Medicine has accredited the Youngstown Hospital to train residents in medicine for a three year term. A schedule of theoretical and practical instructions has been outlined and will get under way July 1, 1947.

This accreditation was issued after a thorough hospital inspection by a member of the Board of Internal Medicine. The chief of medicine and all of the senior visiting physicians are at the present time diplomates of the Board of Internal Medicine.

W. H. B.

YOUNGSTOWN RECEIVING HOSPITAL

The regular monthly meeting of the Youngstown Receiving Hospital was held at the South Side Hospital, Nurses Auditorium at 8:30 p.m., May 27. Dr. John Noll read a paper "Role of Emotional Disorders in Affecting Organic Pathology." This paper was discussed by Dr. N. G. McDermott, Assistant Professor of Psychiatry, Western Reserve University. He also talked on "Internists' Problems Dealing with Psychiatry." Dr. Noll's paper will be published in a later issue of the Bulletin.

HOW YOUNGSTOWN CAN HAVE MORE EFFICIENT AMBULANCE SERVICE

The ambulance service presently available in Youngstown compares very favorably, we believe, to the ambulance service rendered in any community of comparable size, **where ambulance service is rendered by the funeral directors of the community.**

At the same time we believe it is obvious that no funeral director, here or elsewhere, is equipped and staffed to render that type of ambulance service which approaches the ideal of the average physician. The medical profession is all too conscious of the fact that a great deal of so-called "First Aid" is unfortunate, and does not have the desired effect upon the prognosis. While the ambulance attendants connected with local ambulance services are well-trained, conscientious, and experienced men, it must be admitted even by the proponents of the present setup, that these men do not have adequate medical training to equip them to properly care for the very ill, or the seriously injured. llx

We have three hospitals here in Youngstown, and it is our belief that ambulance and invalid car service here in Youngstown could be operated more efficiently and more economically by these hospitals. We feel too, that ambulance units maintained by these institutions, could answer calls more promptly, and could provide an intern on each call. Such procedure would give internes a highly desirable type of experience, and would certainly be in the public interest.

The funeral directors would be glad to get out of the ambulance business, providing, of course, that all local funeral directors abandoned ambulance service simultaneously, in favor of the hospitals. The hospitals, we feel sure, would find this a profitable service, one which would be of interest and of value to their internes, and which would make available to the people of Youngstown a more desirable type of ambulance service.

If it seems like a good idea, let's do something about it!

Statement

of

Inter-Organization Conference On State Fiscal Policy

The Inter-Organization Conference, made up of the major business groups of Ohio, has just completed a study of the financial condition of the state government.

This study provides conclusive evidence to us that if the state were to attempt to provide funds for all of the requests for new spending in addition to the state's operating budget, the State of Ohio would be confronted with the necessity of levying new or increased taxes. To this we are unalterably opposed.

We, therefore, give our wholehearted support to a state fiscal policy which would limit the cost of government to current revenue during the present biennium and not permit any part of the present surplus to be used for the financing of current operating needs. This surplus should be preserved as a postwar reserve fund principally for needed capital outlay such as construction of buildings and facilities at state institutions.

We wish, also, to warn against establishing a level of state expenditures based on the present high figures of revenue resulting from an abnormally inflated economy.

We, therefore, urge that every legislator and other public official charged with the responsibility of authorizing the expenditure of public money and levying taxes, keep these obvious facts ever before them in determining the necessity for tax money by every department of government:

1. The present high level of state revenue cannot safely be expected to continue indefinitely.
2. If abnormally high levels of expenditure are set during this inflationary period, we not only minimize chances for tax reductions but also create the prospect of deficit spending and increased taxes.

COMMUNICABLE DISEASES FOR MAY, 1947

(As reported by the offices of Youngstown City and Mahoning County Health Commissioners)

	City	County
CHICKEN POX	60	49
DIPHTHERIA	0	0
MEASLES	40	19
MENNINGITIS	0	0
MUMPS	2	23
POLIO	0	0
SCARLET FEVER	5	5
UNDULANT FEVER	0	0
WHOOPING COUGH	10	3
MALARIA	0	0
SYPHILIS	39	5
GONORRHEA	0	0
SMALLPOX	0	0
TUBERCULOSIS	6	4
TYPHOID	0	0

Thanksgiving

America is a garden of plenty. Here is bread, and wealth, and power, and education for every man who has the heart to use his opportunity.

—Ralph Waldo Emerson

SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

VITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.